

Arnett HMO Summary of Benefits

CHOOSING A PRIMARY CARE PHYSICIAN. You must choose a Primary Care Physician from the Arnett Health Plans Provider Directory. Each member of your family may choose a different physician. Then, each time medical care is needed, you must see or contact the Primary Care Physician you have selected.

A Primary Care Physician can be:

- an internist (for patients over the age of 18 only)
- a family practitioner
- an OB/GYN (for patients over the age of 13 only)
- or a pediatrician (for patients under the age of 18 only)

Members may change Primary Care Physicians by contacting our Member Services Department.

ACCESSING SPECIALTY CARE. To receive specialty care, at the in-network benefit level, you must first discuss your medical needs with your Primary Care Physician. He or she will help you coordinate your care with other Plan specialists.

As a member of the Plan, you can use your in-network benefits by choosing from any of the specialists and medical facilities listed in the Arnett Health Plans Provider Directory or you may use your out-of-network benefits and select a specialist not offered in the Arnett Health Plans Provider Directory.

ACCESSING URGENT AND EMERGENCY CARE. The Plan covers urgent or emergency services worldwide. An emergency is any situation in which a Member, as a prudent layperson, feels sudden or immediate danger to life or limb. If you need urgent medical attention, but are not facing a dangerous or life-threatening situation, call your Primary Care Physician prior to receiving treatment.

ACCESSING HOSPITAL CARE. Charges for the following are covered by the Plan, provided the care is for a medically necessary service:

- inpatient or outpatient surgery
- room and board
- intensive and cardiac care
- and physician services

To receive the highest benefit for inpatient services, you must:

- obtain Authorization in Advance by the Plan
- choose in-network providers and facilities
- and be admitted by your Primary Care Physician or other in-network specialist.

GETTING MORE INFORMATION. The following chart is a summary of benefits provided under this Contract. Please refer to your Member Certificate and Agreement along with any amendments or call Arnett's Member Services Department at 765/448-7440 or 888/448-7440 for further information on the conditions of coverage, definition of terms, covered benefits, exclusions and limitations.

Medical Benefits

PHYSICIAN OFFICE SERVICES

	You Pay
Primary Care Physician	\$20
Specialty Care Physician	\$20
Adult Preventive Care Examinations	\$20
Pediatric Well Care Examinations	\$20
Preventive Gynecological Examinations	\$20
Immunizations and Injections	20%
Wellness Testing (mammogram, colorectal screening)	No charge
Other Physician Services	20%

MATERNITY AND OBSTETRICAL

Initial Visit for Pregnancy Testing	\$20
Prenatal Care	20%
Delivery and Admission	\$500

HOSPITAL SERVICES

Hospital Inpatient, including Mental Health++	
Facility Charges	\$500
Physician Charges	20%
Outpatient Surgery (which requires anesthesia)++	
Facility Charges	\$250
Physician Charges	20%
Skilled Nursing Facility (90 day annual limit)	No charge

EMERGENCY SERVICES

Participating Urgent Care Center	\$35
Non-Participating Urgent Care	\$35
Participating Emergency Room (waived if admitted)	\$75
Non-Participating Emergency Room	\$75
Cast and dressings	No charge

THERAPY

(Limited to 60 combined days inpatient/outpatient)	
Physical/ Occupational/ Speech Therapy/++	\$20/visit

EYE EXAMS/HEARING TESTS

Diagnosis and Treatment of disease or injury	20%
Annual Eye Exams (through age 17)	\$20

X-RAY, LAB, DIAGNOSTIC TESTS

At Hospital (excluding MRI and CAT scans)	No charge
MRI and CAT scans	No charge
In Physician's Office or Arnett Clinic	No charge
Radiation Therapy/Chemotherapy	\$20/visit

OTHER SERVICES

Ambulance	\$50
Home Health Services++	\$20/day
(Limited to 60 consecutive days per episode)	
Durable Medical Equipment and Prosthetic Devices++	20%

++Prior Plan approval required

SUBSTANCE ABUSE

Hospital Inpatient++	\$500
Outpatient	\$20

MENTAL HEALTH

Inpatient	\$500
Outpatient (Non-Psychiatrist)	\$20
Outpatient (Psychiatrist)	\$20

FAMILY PLANNING

Fertility Counseling and Testing	20%
Vasectomy/Tubal Ligation	20%
IUD	20%

Out-of-Pocket Maximums

Annual Single Out-of-Pocket Maximum	\$2000
Annual Family Out-of-Pocket Maximum	\$4000
Organ and tissue Out-of-Pocket Maximum	\$2000

Lifetime Maximums

Medical and pharmacy services	\$1,000, 000
Organ and tissue services	\$1,000, 000

Prescription Drug \$10/\$20/40%

WHEN YOU NEED A PRESCRIPTION FILLED. Prescriptions must be dispensed by a participating pharmacy listed in the Arnett Health Plans Provider Directory. In order to receive this benefit you must present your Member identification card at the time the prescription is filled. The participating pharmacy will then charge you the applicable Member Cost Sharing amount. Consult your Preferred Drug list for specific medications that require prior authorization by the Plan. Your ordering physician or the participating pharmacy may obtain this approval from the Plan. Consult your Preferred Drug list for specific maintenance medications for which a 90-day supply may be purchased. All applicable Member Cost Sharing will apply.

SPECIFIC BENEFITS

	Member pays at a participating pharmacy (Up to a 30-day supply)
Generic Drugs	\$10
Preferred Brand Name Drugs	\$20
Non-Preferred Drugs	\$40 plus 40% of drug charges which exceed \$40. Maximum Member Cost Sharing is not to exceed \$100 per prescription (example: The cost of a prescription is \$50. You pay \$44 (\$40 plus 40% of \$10)
Glucose Meters	See "Durable Medical Equipment" copay under "Medical Benefits"
Lancets and Strips	No charge
Insulin and Syringes	\$20

SPECIFIC BENEFITS

	member pays through mail order (Up to a 90-day supply)
Generic Drugs	\$20
Preferred Brand Name Drugs	\$40
Non-Preferred Drugs	\$80 plus 40% of drug charges which exceed \$80. Maximum Member Cost Sharing is not to exceed \$150 per prescription (example: The cost of a prescription is \$100. You pay \$88 (\$80 plus 40% of \$20)
Glucose Meters	See "Durable Medical Equipment" copay under "Medical Benefits"
Lancets and Strips	No charge
Insulin and Syringes	\$40

EXCLUSIONS:

- Drugs used in the treatment of infertility.
- Medications and devices used for sexual dysfunction.
- Take home drugs from a hospital.
- Weight loss, smoking cessation and drugs used for cosmetic purposes.
- Vitamins (including vitamins with fluoride) and medications lawfully obtainable without a prescription order from a physician (over-the-counter drugs or over-the-counter equivalent products), except insulin.
- Prescription drugs for treatment of dental-related services.
- Drugs labeled "Caution – Limited by Federal Law to Investigational Use".
- Experimental drugs, which are those drugs not approved as safe and effective for their intended use by the U.S. Food and Drug Administration, even if the Member is charged a fee for the drugs.
- Drugs which may be properly received without charge under local, State or Federal programs, including Worker's Compensation.